UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1990/P/L.11
12 March 1990

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1990 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Brazil

The Executive Director recommends that the Executive Board approve an amount of $9,552,000 from general resources, subject to the availability of funds, and an amount of $37,500,000 from supplementary funds, subject to the availability of specific-purpose contributions, for the country programme of Brazil for the period 1990 to 1995.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1989, will be contained in the "Summary of 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1990/P/L.1).

best copy available

CONTENTS

Page

THE SITUATION OF CHILDREN AND WOMEN 3

PROGRAMME CO-OPERATION, 1987-1989 5

RECOMMENDED PROGRAMME CO-OPERATION, 1990-1995 11

BASIC DATA 20

List of tables

1. Breakdown of actual expenditure for general resources and supplementary funding under previous co-operation period, 1989 22

2. Planned expenditure for general resources, new supplementary funding and funded supplementary funding 23

3. Staffing from budget and programme funds 25

THE SITUATION OF CHILDREN AND WOMEN

1. Brazil is a large country in terms of both its territory (8.5 million km^2) and its population (144 million in 1988). In 1988, the urban population accounted for 75 per cent of the total.

2. Brazil has experienced serious economic problems during the 1980s. Per capita gross domestic product (GDP) suffered a decline in its real average annual growth rate of -4.6 per cent at the peak of the economic crisis in 1981-1983. A rapid recovery followed with a 4.7 per cent annual growth rate in 1984-1986, followed by stagnating growth rates of 1.4 per cent in 1987 and -2.3 per cent in 1988. The external debt was expected to reach $110.7 billion by the end of 1989, or $770 per capita.

3. Inflation rose dramatically to reach over 990 per cent in 1988, with a record high of 38 per cent per month in October 1989. As an anti-inflationary policy, interest rates remained at very high levels in an attempt to restrain consumption, unduly worsening the cost of servicing domestic debt and greatly increasing the outstanding domestic debt of $96 billion, or $666 per capita.

4. The economic crisis greatly affected income distribution and poverty levels. Between 1979 and 1986, the poorest 50 per cent of the economically active population received, on average, 13.3 per cent of total income, 41 per cent of families lived below the poverty line and the real value of the minimum wage dropped by 20 per cent. The most recent national household survey revealed that the percentage of the workers either unemployed or earning less than one minimum wage increased from 33.8 per cent in 1987 to 36.9 per cent in 1988. Some 21 million people receive less than one minimum wage. Although the percentage of families living in poverty has decreased in relative terms since 1981, the number of children in poverty has remained constant at around 30 million. Some 50 per cent of these children live in the north-east, a larger share than at the beginning of the decade. In addition to the economic crisis, there are also structural and environmental problems affecting Brazil, especially in the north-east, such as high population density, droughts and floods, which further aggravate social problems.

5. In the years of greatest social adjustment (1983 and 1984), federal social spending per capita diminished sharply. While gradually rising in subsequent years, it never fully recovered. Social spending reached 8.8 per cent of GDP in 1987, better than the 1984 low of 7.8 per cent, but below the 1980 level of 9.1 per cent.

6. The infant mortality rate (IMR) in Brazil has decreased for three decades, declining most sharply at the end of the 1970s. This decrease slowed substantially in the early 1980s owing to the economic crisis. In the north-east, IMR actually increased during 1983-1984.

7. If historical trends continue, Brazil will reach an IMR of 50 per 1,000 live births in the early 1990s. By the year 2000, IMR will have decreased 50 per cent

from its 1980 level. If current trends continue, IMR in the north-east will reach 101 per 1,000 live births by the end of 1990, and 81 per 1,000 live births by the year 2000.

8. The pattern of infant death in Brazil changed during the 1980s. In 1979, diarrhoea caused 26 per cent of deaths, while acute respiratory infections (ARI) caused 17 per cent. By 1987, diarrhoea and ARI each caused 16 per cent of deaths. This pattern also held true for deaths of children under five years old. In 1987, diarrhoea caused 24 per cent of infant deaths in the north-east, compared to 4 per cent in the south-east.

9. Some 60 per cent of Brazilian children under one year old live in houses with inadequate sewage systems, as compared to an alarming 90 per cent in the north-east.

10. The nutritional status of children in the north-east region has improved considerably in the last decade. However, over 42 per cent of the children still show signs of moderate malnutrition. Severe malnutrition is found in less than 1 per cent of children, principally in poor families with uneducated mothers.

11. During the peak of the economic crisis, the incidence of low birth-weight reached levels of 15 per cent in Fortaleza and Recife. Today, this high incidence can still be found among the poor, especially in births by young mothers with little education and no access to pre-natal care.

12. Pre-school enrolment rose significantly in the 1980s, but the share of poor children in pre-school remained very low. The enrolment rate of poor children was 10 per cent in 1985, compared to 30 to 45 per cent for children in families earning more than one minimum wage. The pattern is similar in primary education, with increases due primarily to the rising enrolment among children seven to nine years old. Efficiency indicators show that the system's expansion has had a limited positive impact. Drop-out and failure rates have been increasing and are at the same high levels today as in the mid-1970s.

13. Child employment has substantially increased in Brazil owing to high levels of poverty, unequal income distribution and inefficiency in the educational system. Child participation in the labour market rose steadily in the 1980s, except in rural areas. Some 7 million children 10 to 17 years old, or around 30 per cent of children in that age-group are working today. The exploitation of working children has also risen. They perform low-level jobs, receive low wages, work longer hours and lack formal employment cards.

14. A small segment of working children are street children who have lost all links with their families. In 1985, some 700,000 urban children were not living with their mothers. A significant proportion of them are institutionalized. In 1987, the National Child Welfare Foundation attended to 680,000 children, of whom 14 per cent had been abandoned. In addition, drug abuse is a growing problem among street children. Recent studies indicate that 77.5 per cent of them had at some time inhaled chemical agents such as gasoline or glue.

READEX FICHE

15. The role of women in Brazilian society has changed considerably. As the number of women heads of households has increased, family structures have also changed, especially among the poor. Some 7 million, or 20 per cent of the 35 million families in Brazil, are headed by women. Most of them are poor, with little or no support. These changes coincided with increased women's participation in the labour market. In 1987, women represented almost 35 per cent of the labour force, and there is a clear indication that they encounter high levels of discrimination, both in wages and in occupations. These transformations have seriously decreased the country's fertility rate, although it is still high among the poor and in the north-east.

16. Environmental issues have become a leading concern of the Government, media and non-governmental organizations (NGOs). Although environmental degradation affects everyone, it has a differentiated impact and most seriously affects the poor population in poor regions. The north-east presents the most serious environmental problems and also suffers most from climatic disasters such as droughts and floods. More specifically, Brazil has serious sanitation problems, especially among the poor and in the north-east, where over 90 per cent of children under one year old live in homes with inadequate sanitation, compared to 40 per cent in more developed regions such as the south-east. Deforestation, soil erosion and depletion caused by monocultures, air pollution and the abuse of fertilizers are serious areas of concern. In Amazonia in the north, ecologically unsustainable agriculture and cattle-raising in newly settled areas are repeating processes that have impoverished much of the north-east. These unsound farming practices rapidly deplete the soil and push the growing numbers of rural families back into the poverty that they had sought to escape by migrating to the area.

17. Brazil has undergone important political changes as a result of new laws and regulations, a recently promulgated national Constitution, new state Constitutions, consolidation of fiscal resources and decentralization of social responsibilities to state/municipal levels. In the health sector, the creation of a new unified and decentralized health system in 1987 aimed to promote co-operation and integration among different agencies at the municipal health level. This new system reduced competition and the dispersion of responsibilities among government levels and promoted universal access to health services. Efforts of the Ministry of Health towards universal immunization and the eradication of polio have intensified, especially in the north-east.

PROGRAMME CO-OPERATION, 1987-1989

Overall programme strategy

18. In order to maximize the impact of UNICEF budget resources in relation to the large child population, UNICEF and the Government of Brazil focused on the regions of greatest poverty, the north-east and north. The programme aimed to decentralize support to state and municipal levels in those regions, while pursuing a national policy aimed at making the child a priority in legislation, public policy and in the efforts of NGOs, popular movements and the private sector. The country programme co-operates with national institutions in continuously studying the

situation of children and women, using the resulting data in advocacy and social mobilization efforts and in planning programme action. Support takes the form of technical co-operation, training, advocacy and social mobilization. About 40 per cent of supplementary funding for the country programme was raised in Brazil.

Child survival and development

19. The five-year co-operation agreement on immunization between the Government, UNICEF, the Pan American Health Organization (PAHO), and Rotary International aims at eradicating polio by the end of 1990 and achieving universal child immunization (UCI) in Brazil. UNICEF supported the developmemt of a national communication strategy for immunization, based on "Zé Gotinha" (Joe Little Drop), a cartoon character in the image of a drop of vaccine. In co-operation with the Ministry of Health and state and municipal health departments, UNICEF is supporting UCI by the end of 1990 in all nine states of north-east Brazil and one state in northern Brazil in which coverage has been below the national average. Co-operation focuses on strengthening routine immunization delivery. Funding for this effort has been obtained from global general reserves.

20. The National Institute of Food and Nutrition established a high-level technical group on breast-feeding which supervised the drafting of a Brazilian code based on the International Code on the Marketing of Breast Milk Substitutes. UNICEF provided modest funding and technical support for this effort, which made Brazil the seventh country formally to adopt its own code. UNICEF also co-operated with the National Institute in defining the strategy of a new breast-feeding campaign, which took into account the results of the evaluation of the national breast-feeding programme.

21. The UNICEF-supported Child Pastorate Programme of the National Conference of Brazilian Bishops, which began in 1984 in one church community, is today the largest community-based child survival and development (CSD) effort in Brazil. The nation-wide programme reaches almost 1 million children below five years of age and is attended by 51,000 voluntary community health leaders in 186 of 243 dioceses. Initiated with funding and technical support from UNICEF, the programme receives significant funding from the Government. A computerized national monitoring system tracks programme coverage and progress. In addition to promoting oral rehydration therapy (ORT), breast-feeding, growth monitoring, immunization and alternative nutrition practices based on local foods, the Pastorate, since 1988, has supported community self-help and income-generating projects benefiting 20,000 families in over 60 dioceses.

22. A national ORT campaign, initiated by the National Conference of Brazilian Bishops and the Brazilian Paediatrics Society in October 1987, was carried out within the structure of the Child Pastorate Programme. With support from UNICEF, the Globo Television Network, the National Advertising Council and the Ministry of Health, the campaign has reached an estimated 5 million families, with mass media spots reaching the majority of Brazilians. About 20,000 health agents have distributed 5.5 million plastic measuring spoons to prepare the salt and sugar rehydration solution. UNICEF-funded evaluation studies undertaken in 1986 and 1988 have demonstrated the impact of the ORT campaign on families. In 1989, the

National Marketing Federation named the campaign the country's best social marketing effort of the year.

Early childhood development and childhood disability prevention

23. Working in co-operation with the National Co-ordinating Council for Disabled Persons, the Special Education Division of the Ministry of Education and departments of health in the states of Ceará and Maranhao, early childhood stimulation, childhood disability prevention, early detection and intervention actions are being integrated into primary health care (PHC) programmes in north-east Brazil. Several hundred professionals and health personnel have been trained in the identification of early childhood disability, prevention and child development. In Ceará, pioneering work is under way in the creation of essential stimulation services at health centres and in the establishment of nurseries and child supplementary feeding centres.

Children in especially difficult circumstances

24. UNICEF co-operation has focused on preventing and reducing violence against street children and other poor youths.

25. Reforms introduced into juvenile justice and police systems have reduced institutional violence against children in the states of São Paulo, Rio de Janeiro, Goiás and Paraná. Social workers and psychologists have established screening services in an effort to eliminate indiscriminate detention.

26. Supervised parole, educational assistance and other alternatives have greatly reduced youth detention in closed institutions. The state of São Paulo has taken the lead in this area, creating the first Special State Youth Secretariat. A number of states have introduced 24-hour telephone hotlines (SOS Child) for the reporting of child abuse and have provided referral services.

27. A literacy method especially geared to street children has been developed and is being used in an increasing number of projects. Several states have begun to use the method in their formal school systems. The training of government and NGO personnel has continued, and advocacy efforts directed at educational policy and labour legislation affecting youth have led an increasing number of states to adopt alternative policies for street children developed by NGOs and UNICEF, the Social Assistance Secretariat and the National Foundation for the Welfare of Children.

28. UNICEF provided grants for project consolidation to 340 non-governmental alternative educational and income-generating projects for street children. Most of the projects were located in the north-east. A study undertaken by UNICEF demonstrated the positive impact of such projects on the behaviour and attitudes of street children. Funds for this effort were raised locally through the Criança Esperança (Child and Hope) television campaigns.

Promotion of women's development

29. UNICEF Brazil supports the development of women in co-operation with the National Council for Women's Rights. Activities give priority to women's health, education, income generation, women's rights strengthening women's organizations. UNICEF has supported the compilation of a national directory of women's organizations, a series of studies on women's health, and women's mobilization conferences, such as a national meeting of black women's movements and a meeting of women mayors.

30. In the area of education and literacy, UNICEF and the Foundation for Youth and Adult Education supported an adult literacy project in Baixada Fluminense (the poorest region in the state of Rio de Janeiro), which was selected by the United Nations Educational, Scientific and Cultural Organization to share the 1988 Nadejda Kronpskaia Prize for the world's best adult literacy projects.

31. UNICEF is supporting the replication of the project's methodology of working through community organizations and training community members as instructors in the "Saturday and Sunday at school" project in the north-eastern state of Bahia. This project provided courses in basic literacy, professional trades and popular culture to over 17,000 youth and adults, 90 per cent of them women.

32. In the area of women's income generation, UNICEF-Brazil obtained funds from the Special Adjustment Facility for Latin America and the Caribbean (SAFLAC). During the current period of economic stagnation and adjustment, increasing numbers of women have entered the labour market, many of whom are heads of households and the principal source of income. The informal sector of the economy has performed better than the economy as a whole. By offering viable income-earning alternatives for women in this sector, the SAFLAC-funded project contributes to the development of women and children in three north-eastern state capitals: Salvador, San Luis and Natal.

Integrated basic services in the north and north-east

33. Since 1987, UNICEF has focused most of its co-operation in north-eastern Brazil through the integrated basic services programme and through national lines, which also give priority to the north-east.

34. Co-operation has been decentralized to state and municipal levels. For this purpose, a team of seven UNICEF Professional staff members is now located in the states where most of UNICEF co-operation takes place: Bahia, Ceará, Maranhão and Pernambuco (the latter serving as the regional co-ordination office). UNICEF also supports activities in Alagoas.

35. Co-operation in the area of immunization was initiated in the remaining four states of the north-east, Rio Grande do Norte, Sergipe, Paraíba and Piauí as well as one state in the north, Acre. It will be expanded into other areas of work in the future.

36. The Ceará state government and UNICEF developed an integrated programme

entitled "Change starts with the child". The programme covered actions in CSD, basic education, women's development and services for street children. Achievements during 1987-1989 included the training of 6,000 community health workers (CHWs); the introduction of the CHW as a professional category in 43 pilot municipalities; and the establishment of 154 community day-care centres in municipalities of the interior. UNICEF supported a state-wide survey of 8,000 households on the health and nutrition status of Ceará's children, the second largest of its kind ever undertaken in Brazil. With the resulting data, the state government was mobilized to reinforce actions benefiting children.

37. In Ceará and Pernambuco, UNICEF has supported the establishment of nutrition surveillance systems. Other co-operation in Pernambuco includes the areas of PHC, literacy, pre-school education, women's development and basic sanitation. In Bahia, co-operation focused on education, including education alternatives for the black community, vocational training and pre-school services.

38. In Maranhão, the integrated basic health actions project has expanded to reach 15,000 families. The Government supports the project and has begun to pay 262 health workers. A computerized monitoring system is fully operational. The project team trained malaria monitors from the Department of Public Health to carry out child survival actions in the interior of the states of Maranhão and Piauí.

39. Co-operation in the north began in 1988 when UNICEF participated in a project with the Federal University of Pará and the Association of Universities of the Amazon Region. UNICEF-Brazil and the Americas and Caribbean Region Office supported an international seminar on the child in the Amazon region that was attended by 700 participants from the eight countries that make up Amazonia, which provided a situation analysis of children in the region.

Advocacy and social mobilization

40. The UNICEF country programme, supporting NGOs and concerned government representatives contributed to bringing the problem of the child into national focus. The National Commission of the Child and the Constitution, composed of seven ministries, and the Forum for the Defence of Children's and Adolescents' Rights, an alliance of 26 NGOs, together with UNICEF undertook an advocacy campaign that resulted in the inclusion of guarantees for the rights and protection of children in the new Constitution of Brazil. The Forum has become an important children's rights umbrella movement and, in collaboration with other NGOs, governmental allies and UNICEF, has drawn up a legislative proposal protecting children's and adolescents' rights. The proposal is based on principles contained in the new constitution and has the support of congressional members.

41. Adjustment with a human face was high on the UNICEF agenda during the programme period. A number of studies focusing on different aspects of the economic crisis and the effects of adjustment policies on Brazilian children were prepared with UNICEF support and presented at an April 1988 seminar that was co-sponsored by the University of São Paulo, the São Paulo Economics Association, the Brazilian Paediatrics Society and UNICEF. The studies were compiled into a book entitled "Children and the Crisis in Brazil".

42. In-country fund-raising has been particularly successful in Brazil. Over the past three years, the Criança Esperança fund-raising campaign of Globo Television has become an annual event and, between 1986 and mid-1989, $2.9 million was raised for UNICEF programmes in Brazil. Total Brazilian contributions to UNICEF over the same period, including Criança Esperança, the Greeting Card Operation (GCO) and the Government have amounted to $7.2 million.

43. Contributions of goods and services, including donated media time, graphic art, television spots, promotional materials and plastic measuring spoons for home-made oral rehydration solutions have come from the private sector. These contributions have amounted to the equivalent of over $15 million. Domestic fund-raising and in-kind contributions to UNICEF-supported social mobilization campaigns are expected to continue at high levels.

44. In the area of social planning, UNICEF and the National Institute of Geography and Statistics established a system to monitor social indicators on children and youth. The first volume of statistics based on the system was recently published.

Lessons learned

45. During the current programme cycle, UNICEF has learned that the child is a powerful cause around which diverse groups and institutions with no history of working together can be allied. The oral rehydration and child and the constitution campaigns are examples of co-operation among grass-roots movements, the Catholic Church, the Brazilian Paediatrics Society, the business community, the mass media and the Government. A second lesson learned is that domestic fund-raising for the benefit of children is a resource that has only begun to be tapped. The current programme cycle taught UNICEF the value of decentralizing co-operation to state and municipal levels, especially in light of the political and fiscal decentralization mandated by the new Constitution. The experience gained during this period showed that studies and evaluations were an important contribution to the social mobilization process.

RECOMMENDED PROGRAMME CO-OPERATION, 1990-1995

Recommended general resources: $ 9,552,000
Supplementary funding: $37,500,000

Recommended programme co-operation a/

(Thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health			
Immunization	1 740	4 550	6 290
Control of diarrhoeal diseases	715	2 600	3 315
Other health	457	3 900	4 357
Subtotal, health	2 912	11 050	13 962
Nutrition	589	1 950	2 539
Education	1 249	5 000	6 249
Young child development	842	4 300	5 142
Children and environment	165	3 000	3 165
Women's development	770	4 200	4 970
Children in especially difficult circumstances	165	8 000	8 165
Communication and information	935	-	935
Planning and social statistics	1 925	-	1 925
Total	9 552	37 500	47 052

a/ The breakdown for estimated yearly expenditures is given in table 2.

b/ In addition, there are also funded supplementary funding projects shown in table 2.

The country programme preparation process

46. The preparation of the country programme involved a careful analysis of Brazilian goals and priorities as expressed in the current national plan and in the new Constitution, as well as of UNICEF global, Cocoyoc and other regional goals and strategies for the 1990s. Communication and information support activities for the programme will be based on strategies agreed to by the Government of Brazil for the current programme. The Government has agreed that UNICEF should make special efforts to sensitize all levels of society about the critical situation of children and mobilize public participation in solving the problems of children. The latest data on the situation of women and children have been compiled, and points of convergence between Brazilian and UNICEF goals have been identified and reviewed. This became the basis for the country programme strategy paper. Consultations with the Government and NGO counterparts at federal, state and local levels, as well as with UNICEF colleagues from headquarters and relevant field offices contributed to the present country programme recommendation.

47. The Government of Brazil has requested that UNICEF continue to support efforts (a) to reduce infant and child mortality; (b) to achieve UCI and the eradication of polio; (c) to reduce malnutrition; (d) to provide universal free basic education; (e) to strengthen disability prevention; (f) to provide special services for and protection of children in situations of social and personal risk; and (g) to guarantee equal rights for women. The country's new Constitution does not limit itself to general principles, but establishes policies and directives for the country. In a special section on children's rights it establishes the protection of children as a priority. The Government has requested UNICEF co-operation in translating these constitutional guidelines into policy practice.

48. The proposed country programme continues actions supported during the previous programme cycle. A new project on the child and the environment has been proposed in response to emerging Brazilian concerns consistent with UNICEF global priorities. Co-operation in child development and basic education in the integrated basic services project in north-east Brazil will be continued and expanded.

49. The current programme strategy, based on the situation analysis, advocacy, social mobilization and support to concrete programme action, will continue.

50. In response to the Government goal of reducing regional inequalities as reaffirmed by the new constitution, UNICEF will focus on regions of greatest poverty - the north-east and, later, the north. These regions are comprised of 15 states: Alagoas, Bahia, Ceará, Maranhão, Paraíba, Piauí, Pernambuco, Rio Grande do Norte and Sergipe in the north-east; and Acre, Amapá, Amazonas, Pará, Roraima and Rondônia in the north. The current programme includes a specific north/north-east line of action that necessitated the use of a technical team in the north-east region and the initiation of co-operation at the state level. The proposed country programme goes one step further, concentrating most co-operation under all lines of action in the north-east and north. Only a small share of programme action will take place in other regions, and advocacy, social mobilization, research and social planning will be national in scope. Since the new country programme emphasizes the

north/north-east regions, integrated basic services in the previous country programme for those regions will be discontinued as a separate line of action. The following actions will continue as separate activities: child survival and nutrition; child development and basic education; children in especially difficult circumstances; and women's development.

51. In response to the new Constitution, which decentralized fiscal and social policy responsibilities to the state and municipal levels, UNICEF will further decentralize its co-operation. In order to maximize new responsibilities at the municipal level, and in order to ensure countinuity of support to state governments in the north-east, the Government requested that UNICEF initiate a new programme cycle in 1990.

52. State-level co-operation in areas other than immunization will be initiated in the four north-eastern states of Piauí, Rio Grande do Norte, Paraíba and Sergipe. Co-operation with municipal governments will increase in the greater metropolitan areas of north-eastern and some northern state capitals. Smaller municipalities of the interior will be reached through training and mobilization actions carried out collectively for a number of municipalities in the same subregion. Municipal governments in the interior of north-eastern states that present situations of special need or special opportunity will be selected for direct co-operation.

53. General resources will support programme structure, core technical teams, essential activities, communications and information, studies, social planning and evaluation in each area of activity. Additional activities under the five lines of programme action will be supported with supplementary funds. During 1990, the acceleration of immunization activities will be funded from general resources, and the women's income-generating project will continue to be financed from SAFLAC.

54. Based on past experience, a significant portion of supplementary funds will be raised in Brazil. Social mobilization and alliance-building efforts, aimed at making the child a priority goal at the federal, state and local levels, as well as on NGO agendas, will continue as a central component of the country programme.

55. Several proposed lines of action reinforce each other and will be co-ordinated. Basic literacy and life and work skills education for youth and adults will reinforce activities in the areas of women's education and children in especially difficult circumstances. The reduction of maternal mortality is a goal of both the women's development and the child survival and nutrition programmes. It will be promoted through support for research and women's health programmes, as well as through support to improved pre-natal care, maternal nutrition and health education. Efforts will be co-ordinated in those states of the north-east where both lines of action will be implemented. Proposals for community-based programmes that result from the environmental/sustainable development line of action will be supported in all other lines of action.

Child survival and nutrition

56. The child survival and nutrition line of action responds to several government priorities: making universal basic health services accessible to all,

especially children; reducing infant mortality and child malnutrition; and promoting UCI, particularly in the country's poorest regions. The programme aims to contribute to the achievement of global and regional UNICEF child survival and nutrition goals.

57. The proposed programme is divided into six areas of work: immunization; the control of diarrhoeal disease; the reduction of maternal and child malnutrition; the control of ARI; the promotion of PHC; and the prevention of acquired immunodeficiency syndrome (AIDS). The target population for the first 5 areas are the 8 million under-five child population in the 15 states of the north-east and north. The AIDS prevention project targets women of reproductive age and adolescents nation-wide, with a special emphasis on the north-east and north.

58. The principal goals of the programme are to reduce infant mortality nation-wide to 40 per 1,000 live births by 1995 and to 80 per 1,000 in the north-east; to achieve 80 per cent coverage of the four expanded programme on immunization vaccines by the end of 1990 and to maintain this coverage throughout the programme period; to reduce infant and under-five deaths due to diarrhoea in areas of UNICEF intervention by 50 per cent; to reduce infant and under-five deaths due to ARI by 25 per cent in relation to 1980 levels; to reduce low birth weight to less than 10 per cent of births in areas of UNICEF intervention; to reduce moderate malnutrition by 25 per cent in priority municipalities; to reduce severe malnutrition to less than 1 per cent of children; and to increase exclusive breast-feeding during the first four months of life by 50 per cent in areas of UNICEF action. The programme further aims to increase coverage of basic PHC projects by NGOs (Child Pastorate) from 1 to 4 million children nation-wide by 1995, with emphasis on the north-east and north, and to reduce AIDS transmission from mothers to new-borns and between adolescents nation-wide.

59. The strategy of co-operation will focus on state health departments in the 15 states, which will be supported through technical assistance in programme development, management and monitoring, as well as through personnel training, for the first five projects. Several municipalities will be selected for intensive direct interventions at the local level, particularly those with large population concentrations (state capitals) and those with especially low coverage of basic health interventions (underserved rural areas). In the municipalities, support will be provided to upgrade the health services infrastructure, to train CHWs and other personnel and for programme development and monitoring. State education departments will promote health and nutrition education through public schools. At the federal level, technical support will be provided to programme management and surveillance, as well as to research.

60. Advocacy and mobilization will be used at all levels to maintain a high level of interest in all six areas of work. Public awareness and health education campaigns will be promoted through the mass media and the National Advertising Council. This effort will focus on immunization, CDD and nutrition projects. Co-operation with the Child Pastorate programme, Brazilian Paediatrics Society and other NGOs will be continued and their actions will be co-ordinated with those of the public health system. Support for an inter-institutional co-ordinating group (composed of those NGOs, the mass media and the Government), which was created to

oversee the national ORT programme, will be continued. The co-ordinating group will incorporate other health actions into its agenda.

61. Actions to be supported will include the strengthening of routine immunization delivery and incorporation of vaccines other than polio into immunization campaigns; the promotion of home-based oral rehydration solutions using the measuring spoon and/or manufactured oral rehydration salts; the promotion of breast-feeding, adequate weaning foods and use of the growth chart; the expanded use of vitamin A; the promotion of the arm band to detect maternal malnutrition during pregnancy; support to nutrition surveillance systems; training and health education on ARI prevention and control; and health education on AIDS.

Child development and basic education

62. This line of action is comprised of two projects: child development (including pre-school services and child disability prevention); and basic education (including basic education for 7- to 14-years-old and basic education and literacy for youth and adults).

63. Children under six years old in the nine states of north-east Brazil is the target population for the child development project. The basic education project targets children aged 7- to 14-years-old and low-income youth and adults in the nine states of north-east Brazil, particularly women and youth in especially difficult circumstances.

64. The child development project aims to increase access to pre-school programmes among the poor children; to strengthen the quality of pre-school programmes through personnel training; and to reduce the incidence of child disability. The basic education project aims to increase primary school enrolment and retention to increase the access of illiterate youth and adults in the north-east to alternative basic education and literacy programmes; and to improve formal and non-formal education and literacy efforts.

65. Building on past experience, UNICEF will support advocacy and social mobilization for education and child development, including the training of professionals, teacher trainers, teachers and community workers, the documentation and dissemination of successful experience, and studies and research. It will also provide technical support in programme development.

66. In each north-eastern state, a limited number of municipalities will be selected for local-level co-operation. The strategy will be to assist in the creation of state and municipal councils on education, which will consist of representatives from different government sectors, NGOs and the community. These representatives would conduct a situation analysis of education and child development services and draw up integrated action plans. Councils are already functioning in Ceará and Pernambuco. The programme aims to make primary schools educational centres for the community that offer educational activities for parents and youth who have abandoned school and schooling for 7- to 14-year-olds that incorporates the study of local reality in the curriculum. The quality of the first grade, in which drop-out and repetition is especially high, will be

reinforced through teacher training and the promotion of improved teaching methods based on fostering children's creativity. Following the example of an experience in Ceará, universities will be involved in advocacy, professional training and research promoted by the projects.

67. Literacy programmes and courses in life and work skills will be supported in selected municipalities in the nine north-east states. Their extension throughout the rest of the region will be promoted through training seminars and the dissemination of documentation. Programmes will either be integrated in the formal school system, as in Bahia, or will take place through non-formal channels such as neighbourhood associations or churches. The formation of a broad-based literacy movement will be supported, and mass media campaigns will promote disability prevention and basic education. Disability prevention and early detection will be integrated into PHC through the training of CHWs of the Child Pastorate project and other health care programmes.

Children in especially difficult circumstances/the promotion of children's rights

68. Responding to a government priority established in the country's new Constitution and the adoption of the Convention on the Rights of the Child, this line of action promotes children's and adolescents' rights in Brazil through legislation, public policy redefinition, institutional reform and the creation of alternative municipal and community services.

69. Areas of work include advocacy for children's rights, educational and non-exploitative work opportunities for street children and children at risk, and the reduction of violence against children through reforms in juvenile justice and the establishment of services that monitor cases of abuse.

70. The programme is national in scope, but most technical and training support to state and municipal programmes will take place in the north-east and north. The programme targets low-income children and youth ages 7 to 17 years old in situations of risk: street children, including girls; abused children; juvenile offenders; victims of drug addiction; and victims of AIDS.

71. The goals of the national programme are to reduce by 80 per cent cases of abuse and exploitation of children at the work place; to promote participatory open programmes for young victims of drug addiction; to incorporate AIDS prevention and non-discrimination components in one half of street education programmes in state capitals and medium-size towns; to eliminate violence against street children; to create special services for victims of child abuse in all state capitals and one half of the medium-size towns; and to reduce by 50 per cent the number of children and youth in detention.

72. UNICEF will co-operate with the National Child Welfare Foundation; the Ministries of Education, Labour and Justice; the National Council for Women's Rights; the National Vocational Training Department; state welfare foundations; state departments of education, labour and justice; civil and military police forces; associations of juvenile judges; the Brazilian Bar Association; the Forum for the Defense of Children's Rights; the National Street Children Movement; the

Child Pastorate; NGOs; universities; mass media and municipal councils for the defense of children's rights. Internationally, UNICEF will co-operate with the International Labour Organisation, Defence for Children International and the United Nations Development Programme.

73. As in the past, strategies of co-operation will include advocacy; the sharing of innovative services and institutional reform experience through videos, documents and seminars; training of public sector and NGO professionals; technical support in programme and policy development and evaluation; and the raising of public awareness through the mass media.

74. The programme aims to multiply, on a national scale, actions initiated in previous programme cycles. One proposal is to establish a training system for professionals from public and NGO sectors on children in especially difficult circumstances. Videos and printed materials will be produced on the programme, and training teams will be prepared in each state.

Women's development

75. Women's development activities include four projects: health; education; income generation; and women and citizenship (women's rights). The scope of the programme is national, with most activities taking place in the nine states of the north-east. The project targets low-income women and girls.

76. Programme goals are to reduce maternal mortality; improve women's health care at the state level; improve access to non-discriminatory forms of basic education and literacy; create educational materials that take into account the needs of women; strengthen women's organizations nation-wide; raise poor women's income in five states; and contribute to legislation and public policies that guarantee women's rights.

77. The project strategies will include meetings, seminars and support for studies and publications. The goal of this programme is not to create parallel services for women, but to incorporate women-specific components into existing services.

78. Health and education projects will support two community-based experiments in women's health and one in women's education in each state of the north-east and in two states in the north. These experiments will be used to reinforce the advocacy process in each state. The education project will train professionals in each state education department in the north-east in order to promote education programmes that are relevant to women.

79. The income-generating project will consolidate actions initiated under the current programme cycle with funding from SAFLAC. Revolving loans and technical assistance and training for small informal sector business women based on the methodology of credit solidarity groups will be expanded in three north-east states and established in two others.

80. Each year the women's programme proposes a specific subject for studies and seminars, including maternal mortality, women and food production and marketing, women and the environment, and women as heads of households.

The child and the environment

81. Environmental issues are an increasing concern in Brazil, but policy proposals tend to consider primarily ecological and economic questions, leaving out the social dimension and effects on women and children. There is little understanding of the impact of environmental deterioration on the poor.

82. UNICEF will work with the Government and NGOs to promote sustainable development in north and north-east Brazil, with special priority given to the needs of poor women and children.

83. The programme will incorporate environmental considerations into social planning in the north and north-east and will raise public awareness about the need for sustainable development strategies that reconcile economic, social and environmental factors, while giving priority to the poor. UNICEF co-operation will focus on policy and programme development; support to projects in the north and north-east that hold promise for replication; and environmental education and social mobilization based on sustainable development in the target regions.

84. The objectives are to compile and produce information on the impact of environmental factors on poor women and children in the north-east and north; to systematize existing strategies and propose new ones for sustainable development that reconcile social, environmental and economic concerns; to disseminate sustainable development strategies for north and north-east Brazil through training and publications; and to raise public awareness about the need for sustainable development.

85. Institutions participating in this programme will include state planning, sanitation, environmental and educational departments in the north and north-east, universities and research institutes, NGOs and the mass media.

86. Proposed actions include situation analyses, mobilization and training seminars, publication of manuals and guides, technical support to programme and policy development, technical and financial support to community-based sustainable development projects, production of educational materials, support to environmental education efforts and mass media awareness campaigns.

87. UNICEF will organize an informal interdisciplinary advisory group to guide programme design and monitor sustainable development activities in Amazonia and the north-east.

Support activities

88. Support activities will include UNICEF co-operation in studies, social planning and the evaluation of social programmes for women and children, as well as social communications and information activities in support of social mobilization and programme action. Activities will be national in scope.

89. UNICEF will continue its co-operation with the National Institute of Geography and Statistics and the Institute of Planning. UNICEF will support the continuous

national indicators system on children and youth and the publication of regular statistical bulletins. UNICEF will also support studies on the situation of children in the north-east states, evaluations of UNICEF-supported programmes and social planning research on children.

90. The goal of the communication and information support activity is based on objectives agreed to by the Government in the 1987-1989 UNICEF Brazil country programme. The Government has established that UNICEF will make a special effort to stimulate a process of sensitization at all levels of society about the critical situation of children and to mobilize public opinion. UNICEF-supported efforts in communications and information will include publications, videos and audio-visuals as well as advocacy, social mobilization and public awareness in support of the five lines of action. Local fund-raising efforts and co-operation with the mass media will continue.

BRAZIL

Basic data: 1988 and earlier years

			UNICEF country classification
Under-five mortality rate	85	(1988)	Middle U5MR
Infant mortality rate	62	(1988)	Middle IMR
GNP per capita	$2,020	(1987)	Upper-middle GNP
Total population	144 million	(1988)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1988
Births	(thousands)	3356	3800	4008	4066
Infant deaths (under 1)	(thousands)	319	285	269	252
Under-five deaths	(thousands)	440	391	369	346
Under-five mortality rate (per 1,000 live births)		131	103	92	85
Infant mortality rate (under 1) (per 1,000 live births)		95	75	67	62

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1986)	Moderate & severe	..	13a/
	Severe	..	3a/
Babies with low birth weight (%, 1979/1985)		9	8*
Children completing primary level (% of first grade, 1980/1986)		18	22

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1986)		59*/19*/ 5*	66/58/34
Prevalence of wasting (%, 1986)		..	2a/
Prevalence of stunting (%, 1986)		..	31a/
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		110	111
Food production per capita index (Index 1979-1981=100, 1980/1988)		103	111
Household expenditure (% of total income, 1980-1985)	All food/cereals	../..	35/9

HEALTH INDICATORS		About 1980	Most recent
ORS use rate (%, 1986-1987)			32
Access to health services (% of population)	Total	..	..
	Urban/rural	../..	../..
Access to safe water (% of population, 1980/1986)	Total	71	78
	Urban/rural	80/51	85/56
Access to adequate sanitation (% of population, 1980/1986)	Total	..	64
	Urban/rural	../..	86/ 1
Births attended by trained personnel (%, 1981-1986)		..	95
Maternal mortality rate (per 100,000 live births, 1980/1984)		150	120

Immunization		1981	1985	1987	1988
One-year-olds (%) immunized against:	Tuberculosis	62	58	68	67
	DPT	47	62	57	54
	Polio	99	86	90	89
	Measles	73	63	55	60
Pregnant women (%) immunized against	Tetanus	..	..	..	..

/...

BRAZIL

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	85	(1988)	Middle U5MR
Infant mortality rate	62	(1988)	Middle IMR
GNP per capita	$2,020	(1987)	Upper-middle GNP

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1987)	Total	99/ 81	103 / 84
	Male	101/ ..	.. / ..
	Female	97/ ..	.. / ..
Secondary enrolment ratio (gross/net) (%, 1980/1987)	Total	34/ 14	38 / 15
	Male	31/ 13	32 / ..
	Female	36/ 16	41 / ..
Adult literacy rate, 15 years & older (%, 1970/1987)	Total	66	80*
	Male/female	69/ 63	81*/ 79*
Radio/television sets (per 1,000 population, 1980/1987)		289/124	368 /191

DEMOGRAPHIC INDICATORS		1970	1980	1985	1988	2000**
Total population	(millions)	95.8	121.3	135.6	144.4	179.5
Population aged 0-15 years	(millions)	..	48.5	52.2	54.6	60.6
Population aged 0-4 years	(millions)	..	16.7	18.1	18.7	19.4
Urban population (% of total)		56	68	73	75	83
Life expectancy at birth (years)	Total	59	63	64	65	68
	Male/female	58/61	60/65	62/67	62/68	65/71
Total fertility rate		5.0	4.0	3.6	3.4	2.8
Crude birth rate (per 1,000 population)		35	31	30	28	23
Crude death rate (per 1,000 population)		10	9	8	8	7

		About 1980	Most recent
Contraceptive prevalence rate (%, 1986)		..	66
Population annual growth rate (%, 1965-1980/1980-1988)	Total	2.4	2.2
	Urban	4.5	3.6

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1987)		6.3	1.0
Inflation rate (%, 1965-1980/1980-1987)		31	166
Population in absolute poverty (%, 1986)	Urban/rural	../..	9*/34*
Household income share (%, 1972)	Top 20%/bottom 40%	67/5	.. /..
Government expenditure (% of total expenditure, 1980/1986)	Health/education	7/3	6 / 3
	Defence	4	3
Household expenditure (% of total income, 1980-1985)	Health/education	../..	6/5
Official development assistance: (1980/1987)	US$ millions	85	288
	As % of GNP	..	..
Debt service (% of goods & services exports, 1970/1987)		13	27

a/ North-East Brazil only.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 1. BREAKDOWN OF ACTUAL EXPENDITURE FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING UNDER PREVIOUS CO-OPERATION PERIOD, 1989

(Thousands of United States dollars)

COUNTRY: BRAZIL
LATEST BOARD APPROVAL: 1989 for 1989-1990
GENERAL RESOURCES: $2,500,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Health	199	36	271		229		175	248	874	285	1159
Education					116	93	79	110	194	203	397
Community organization and development		4		148		93	71	550	71	794	865
Women-centred programme			37		107			78	144	78	222
Planning and project support	48	3			262	168	132		442	171	614
GRAND TOTAL	247	43	308	148	713	354	457	986	1726	1531	3257

GR = General resources.
SF = Supplementary funding.

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING

(Thousands of United States dollars)

Country: Brazil Period covered: 1990-1995	Funding status	1990	1991	1992	1993	1994	1995	Total
Health								
Immunization	GR	1380	80	80	80	80	40	1740
	FSF	300						300
	NSF	455	910	910	910	910	455	4550
Control of diarrhoeal diseases	GR	130	130	130	130	130	65	715
	FSF	382						382
	NSF	260	520	520	520	520	260	2600
Other health	GR	83	83	83	83	83	42	457
	FSF	190						190
	NSF	390	780	780	780	780	390	3900
Subtotal, health	GR	1593	293	293	293	293	147	2912
	FSF	872						872
	NSF	1105	2210	2210	2210	2210	1105	11050
Nutrition	GR	107	107	107	107	107	54	589
	FSF	96						96
	NSF	195	390	390	390	390	195	1950
Education	GR	227	227	227	227	227	114	1249
	NSF	500	1000	1000	1000	1000	500	5000
Environment	GR	30 a/	30	30	30	30	15	165
	NSF	300	600	600	600	600	300	3000
Young child development	GR	153	153	153	153	153	77	842
	NSF	430	860	860	860	860	430	4300
Women-centred programme	GR	140 b/	140 b/	140	140	140	70	770
	NSF	420	840	840	840	840	420	4200
Children in especially difficult circumstances	GR	30	30	30	30	30	15	165
	FSF	791						791
	NSF	800	1600	1600	1600	1600	800	8000
Advocacy	GR	170	170	170	170	170	85	935
Planning and project support	GR	350	350	350	350	350	175	1925

/...

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING (continued)

(Thousands of United States dollars)

Country: Brazil Period covered: 1990-1995	Funding status	1990	1991	1992	1993	1994	1995	Total
TOTAL	GR	2800	1500	1500	1500	1500	752	9552
	FSF	1759						1759
	NSF	3750	7500	7500	7500	7500	3750	37500
GRAND TOTAL		8309	9000	9000	9000	9000	4502	48811

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

a/ In addition, $300,000 was allocated from the environment reserve fund.
b/ In addition, $453,000 was allocated from SAFLAC for 1990-1991.

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: BRAZIL	Number of posts	1990-1991 amount (Thousands of US dollars)
FINANCED FROM 1990-1991 APPROVED BUDGET:		
International Professional established posts	3	594
Local national Professional and General Service established posts	17	938
Operating costs		639
Total	20	2,171
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	11	2,100
Supplementary funds	2	400
Local national Professional and General Service project posts		
General resources	19	1,250
Supplementary funds	5	550
Total	37	4,300

a/ For information source, see 1990 post authorization table, revised October 1989.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1990/P/L.12
21 March 1990

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1990 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Ecuador

The Executive Director recommends that the Executive Board approve an amount of $2,250,000 from general resources, subject to the availability of funds, and an amount of $7,400,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme of Ecuador for the period 1990-1993.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1989, will be contained in the "Summary of 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1990/P/L.1).

CONTENTS

Page

THE SITUATION OF CHILDREN AND WOMEN 3

PROGRAMME CO-OPERATION, 1986-1989 5

RECOMMENDED PROGRAMME CO-OPERATION, 1990-1993 8

BASIC DATA 16

List of tables

1. Breakdown of actual expenditure for general resources and supplementary funding under previous co-operation period, 1986-1989 18

2. Planned expenditure for general resources, new supplementary funding and funded supplementary funding 19

3. Staffing from budget and programme funds 21

THE SITUATION OF CHILDREN AND WOMEN

1. Of the 10 million people living in Ecuador, 44 per cent are under 16 years of age, and 16 per cent are under 5 years of age. Ecuador is gradually becoming urbanized, with more than one half of the population now living in urban areas. Since the onset of an economic crisis in 1982, real wages, as well as the standard of living, have dropped. About 65 per cent of rural families in Ecuador do not have enough income to meet their basic needs.

2. Owing to the economic crisis, the foreign debt has increased from $261 million in 1971 to $10 billion in 1988. The crisis has been attributed mainly to the decline in prices of oil and other export products, the decrease in the flow of capital and the impact of natural disasters, which paralysed the export economy. Inflation shot upward from 18 per cent in 1981 to 80 per cent in 1988, with a virtual doubling of food costs in 1988. Urban unemployment more than doubled, rising from 6 per cent in 1981 to 13 per cent in 1988, and the real minimum wage in urban sectors fell to an index of 54, compared with 100 in 1980. Government expenditure on education and health fell from 6.2 per cent of gross domestic product in 1981 to 4.5 per cent in 1988. As a result of these negative trends, the economy of Ecuador is now more vulnerable than it was before the oil boom.

3. Poor families have been especially affected by the economic crisis. The combination of the low purchasing power of their salaries and the increase in basic food prices has caused a drop in the quality and quantity of food consumption, to the detriment of nutrition and health. The economic crisis has also impeded Government capacity to provide services and to compensate for uneven income distribution.

4. In spite of the economic situation, the infant mortality rate (IMR), estimated at 62 per 1,000 live births in 1988, appears to be declining. Since the global fertility rate has fallen, this progress could be attributed to a decrease in post-neonatal mortality. However, high IMR ranging from 108 to 114 per 1,000 live births is still found in four highland provinces with predominantly indigenous populations and one coastal province, Esmeraldas, with a significant Afro-Ecuadorian population. The situation in these provinces, with the poorest sectors of Ecuadorian society, has not experienced any major changes since 1981.

5. Intestinal infections and acute respiratory infections (ARI) cause 65 per cent of post-neonatal deaths, while 74 per cent of neonatal mortality is due to perinatal problems directly related to conditions of birth and the health and nutritional status of the mother. Health personnel attend only 56 per cent of all births, of which 78 per cent are in urban areas.

6. Child malnutrition is another effect of poverty and the economic crisis. It is estimated that around 620,000 children under five years old, or almost one half of the children in this-age group, suffer from chronic malnutrition and about 50,000 suffer from acute malnutrition. Almost 69 per cent of children 6-11 months old and 49 per cent of those 12-23 months old are anaemic. Although breast-feeding is a general practice, there is a downward trend in its duration, especially in urban areas, because of physicians' advice and the influence of the communication media.

7. About 14 per cent of children between 7 and 12 years old do not attend school for various reasons, the most frequent being the need to contribute to the family income. Another major problem in the education of Ecuadorian children is the high rate of repetition, especially in rural areas. Studies conducted between 1980 and 1988 show that 80 per cent of urban students finish 6 years of primary education in an average of 6.7 years, while it takes 9.7 years for rural students. High school drop-out rates are estimated at 12 per cent in the cities and 53 per cent in the countryside. Children in rural areas attend school fewer than 100 days per year. The quality of teaching is extremely low and does not correspond to the needs of poor children.

8. A significant number of children under six years old are affected by serious emotional deprivation caused by the disintegration of the family and the lack of child care. This is caused by the involvement of mothers in multiple activities, which reduces the time they have to attend to their children. Government and non-governmental facilities for children and working mothers are very limited, and reach only 9 per cent of all children under six years of age. There has been a notable increase in dissolved marriages, female-headed households and children living with persons other than their parents.

9. The increasing number of children who live in difficult circumstances is a direct effect of the economic crisis, the prevalence of poverty, the impoverishment of the lower-income and middle class sectors and the impact of social trends such as urbanization and changes in family composition and behaviour. An estimated 92,000 children between 5 and 14 years old work in the country's largest cities, many in situations of open exploitation or risk. Almost 10,000 children live in the street and have few, if any, family ties, and there are clear signs of abuse, sexual exploitation and the utilization of children in the underground economy - even in drug trafficking.

10. An increasing number of women become heads of households, and more women are joining the labour force. However, their jobs continue to be at a lower level, with much lower pay than for men in similar jobs. The multiplicity of women's roles leaves them little time for personal improvement. Some 22 per cent of economically active women work in the area of domestic services, and many are driven to seek employment in the informal economic sector.

11. Women's access to health services needs to be improved. According to national vital statistics, the maternal mortality rate (MMR) is 335 per 100,000 live births, with the most frequent causes of maternal mortality being respiratory diseases, intestinal infections, diseases in the perinatal period and malignant tumors. During the last few years, an estimated 27 per cent of women received no pre-natal care during pregnancies. The situation is even more dramatic in rural areas, where the percentages of pre-natal and post-natal care are 39 and 12 per cent, respectively. More than half of the women cared for in maternity wards suffer from iron deficiency.

12. Approximately 40 per cent of dwellings in the country have access to potable water. An additional 40 per cent have access to piped-in water or water supplied by a delivery truck, neither of which meets potability standards set by the health

department. The remaining 20 per cent get their water from rainfall, rivers, creeks or springs. In rural highlands, only 9 per cent of dwellings have access to potable water, and in its coastal counterpart, only 5 per cent.

13. Only 27 per cent of the country's dwellings have private toilets; 13 per cent have common use toilets; 25 per cent have latrines; and the remaining 35 per cent utilize the open field. These deficiencies explain why the leading causes of morbidity are related to the limitations of water supply and deficiencies in environmental sanitation.

14. Owing to the high rates of migration from the countryside to the two major cities of Guayaquil and Quito, peripheral neighbourhoods (barrios) have sprung up with inadequate planning. Thus, in these marginal areas the number of deaths of children under five years old, the prevalence of preventable diseases, the levels of malnutrition, the psychological and emotional deprivation, the lack of potable water and basic sanitation deficiencies are greater than national averages and very similar to rural areas. The dimensions and intensity of the problems tend to be greater in the barrios than in rural areas owing to the process of urbanization and the fact that the economic crisis has meant a shortage of employment and a decline in family income.

PROGRAMME CO-OPERATION, 1986-1989

15. To make UNICEF co-operation coincide with the planning cycle of the new Government, and because the UNICEF office in Ecuador was upgraded to the level of country office, Ecuador did not submit a programme of co-operation to the 1989 Executive Board as originally planned. During this transitional period, UNICEF supported a high-level technical team, which co-operated with the new Government in the formulation of new social policies that have been used as the basis for the new country programme for the period 1990-1993.

16. The main component of the previous country programme was child survival, which received about 50 per cent of the resources of UNICEF co-operation. The child survival activities were carried out through the Programme for the Reduction of Infant Mortality (PREMI), which included immunization, oral rehydration therapy (ORT), the promotion of breast-feeding and child growth monitoring. As part of its strategy, PREMI used the mass media to mobilize public opinion and national resources. The implementation of PREMI began under the auspices of the Ministry of Health, but was shifted to the National Institute for the Child and Family (INNFA).

17. An evaluation of PREMI in 1989 indicated a moderate growth in inmunization coverage. Immunization activities were affected by the change in management and a lack of adequate resources. In relation to ORT, it is difficult to establish quantitative advances in coverage, and even more difficult to assess its impact. However, a knowledge, attitude and practice (KAP) survey, also conducted in 1989, showed a high awareness of the existence of oral rehydration salts (ORS) among mothers (75 per cent) and of their preparation (71 per cent). In this regard, it should also be noted that PREMI was a positive experience. It sensitized the

public to the excessively high child mortality rate and demonstrated the possibility of reducing it through low-cost measures that could be supported with available resources. In relation to growth monitoring, the same KAP survey indicated that 57 per cent of children under five years old had growth cards.

18. PREMI helped to forge important alliances with organizations that traditionally did not work in the field of health and with the media, which provided clear-cut support. It was also supported by the Pan American Health Organization/World Health Organization (PAHO/WHO), the United Nations Population Fund (UNFPA), the World Food Programme (WFP), Rotary International, the United States Agency for International Development (USAID), the Catholic Church, the International Committee of the Red Cross (ICRC) and the Ministries of Education and Social Welfare. Even with this support and political commitment, the contribution of PREMI to the improvement of health services and infrastructure was limited because the programme was not integrated into the Ministry of Health.

19. UNICEF supported efforts by the Ministries of Social Welfare and Education and INNFA to provide non-conventional services and initiate pilot experiences for children under six years of age in certain areas of the country. As a result, the community network project was implemented, and pre-school education was expanded, with the participation of mothers, and benefited almost 60,000 children. Technical assistance was provided to small business, through the Ministry of Labour and Human Resources, for the creation of employment opportunities for mothers of the children who participated in the programme.

20. Support was provided to the Centro de Reconversión Económica del Austro (Centre for the Economic Reconversion of the South) to implement a basic services programme in the rural areas of the province of Canar to benefit 55,000 people, including 14,000 women. Basic services were also provided to nearly 30,000 people in the shanty towns of the cities of Quito, Guayaquil and Esmeraldas. An attempt was made to encourage community participation in the delivery of services by volunteers and other forms of collective organization in both urban and rural areas. The project for working and street children provided support to INNFA in strengthening its capacity in this field. Through INNFA, UNICEF supported innovative experiments carried out by non-governmental organizations (NGOs) at Quito, Guayaquil and Loja.

21. The Guayaquil urban development project had some successes, but co-ordination problems arose among institutions, causing reduced coverage and suspended health activities. This was partly because the project stopped paying promoters, who then could not continue working.

22. The basic services project of Esmeraldas managed to involve the participation of community volunteers. Although it was slow to start and coverage was limited, the project was a highly valuable experience because of the determined commitment of the beneficiaries themselves.

23. With regard to Quito, there was too wide a gap between the time co-operation was offered and when funds effectively were received. Nevertheless, State and city agencies have committed themselves to provide services for the poor sectors of the

population. The most valuable part of this project is its co-ordination with national programmes for women and children.

24. Activities of the rural development project in Canar could not be consolidated because there was no institutional organization to co-ordinate the implementation of integrated services for children. UNICEF co-operation has been limited and variable in the area of women's activities. There was no definition of strategies for the combination of activities that would have fostered the formulation of a coherent national policy.

25. In general, most of the projects supported by UNICEF responded to the needs of poor women and children. However, the evaluation indicates there was some dispersal of funds and little linkage between projects. This is largely because there was no clear and comprehensive government social policy. The Government gave priority to macro-economic aspects owing to the ongoing crisis and the adjustment that had to be implemented without taking into account its impact on the poor.

26. During 1989, support was continued for the previous programmes, and at the central level, a decision was taken to formulate new social policies since the new Government wanted to give priority to the social aspects of development. During that year, co-operation in formulating mass programmes for children was further intensified. Support provided to the literacy campaign allowed it to begin operations and introduced literacy cards related to the basic needs of children. Nevertheless, the pace of project implementation was hindered by the preparation process for the new programme and the lack of project officers to provide timely technical assistance.

Lessons learned

27. Some key lessons learned during the 1986-1989 programme of co-operation will assist the new co-operation period. The combination and interrelationship of national projects with area projects, and their relationship with sectoral and national development policies, should be strengthened in order to achieve an efficient use of funds and a greater impact. Grass-roots organizations should be incorporated into social mobilization, and an attempt should be made to encourage the increased participation of the organized community to ensure the sustainability of successful experiences. Activities aimed at achieving specific goals in clearly-defined periods of time should be part of institutional development strategies and global policies.

28. Local resources should be mobilized, especially for current expenses, in order to integrate the projects more closely within the government infrastructure. The action of NGOs should complement those of government institutions. The assistance of other international co-operation agencies should be complemented through mechanisms set up and headed by the Government. Services should be linked with productive projects in zones where co-operation is concentrated and with national income-generating programmes for poor families.

RECOMMENDED PROGRAMME CO-OPERATION, 1990-1993

Recommended general resources: $2,250,000
Supplementary funding: $7,400,000

Recommended programme co-operation a/

(Thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Child health	628	1 400	2 028
Nutrition	330	800	1 130
Household food security	-	500	500
Child development	328	1 500	1 828
Basic education	150	300	450
Children in especially difficult circumstances	60	1 200	1 260
Women's development	290	1 100	1 390
Planning and advocacy	380	-	380
Water and sanitation	84	600	684
Total	2 250	7 400	9 650

a/ The breakdown for estimated yearly expenditures is given in table 2.

b/ In addition, there are also funded supplementary funding projects shown in table 2.

Country programme preparation process

29. The process of preparing the new programme began virtually as soon as the new Government came into office in August 1988. That year, the situation of children, women and the family was analysed and studies of the city of Quito, as well as of nutrition and health problems, were made with the support of the UNICEF/WHO joint nutrition support programme. The national development plan, as well as its global social policy and sectoral policies, provided the basis for the proposed UNICEF programme of co-operation.

30. In 1988 and at the beginning of 1989, assessments were made of past co-operation, especially the Guayaquil project. In June 1989, a meeting was held to examine the results of the situation analysis, the evaluations and the priorities and policies of the central Government, the ministries and the municipality of Quito for the purpose of defining UNICEF co-operation strategy for the present period. In addition, during June 1989, the co-operation strategy for Ecuador was examined in the programme preview meeting. Between July and September 1989, work was carried out jointly with the ministries and public and private agencies to define further the lines of action to be supported by UNICEF. In October 1989, the programme was analysed during the programme review meeting for the Latin American and Caribbean region. Finally, the Government made its definitive proposal in November 1989.

31. The new programme relies largely on the valuable experiences obtained during the past period. A new strategy has been formulated as an effort to achieve better co-ordination and the integration of the different projects. The experience gained through social mobilization, the participation of different institutions and the inclusion of beneficiaries in some projects provided a sufficient basis for incorporating these strategic elements into the new programme. Actions developed in the fields of child health, care for children up to six years old, urban and rural projects, support for working and street children and the promotion of women will be continued.

32. The main goals of the Government's economic and social development plan for 1990-1992 include the reduction of mortality, morbidity and malnutrition levels, the provision of educational opportunities for children and women and the provision of support services for children in especially difficult circumstances. The proposed programme of co-operation is based on this plan, and will support the Government's introduction of non-conventional approaches to expand the coverage of services for children and women.

Country programme objectives

33. The new country programme has the following specific objectives: (a) to support the family health strategy, the epidemiologic surveillance system, the food and nutrition surveillance system and mass nutrition education and non-conventional child-care modalities for children from birth to six years of age; (b) to introduce the "new school" in the rural sector in an effort to adapt the system and the curricula to the needs, time availability and bilingual reality of campesino (peasant) children; (c) to support experiences conducted by NGOs in the care of

working children and street children; (d) to prevent abuse and encourage "open" modalities of care for adolescents and young people with behavioural problems; (e) to strengthen public and private entities that foster the development of women and carry out literacy and post-literacy programmes; (f) to define at the central level social policies to benefit poor children and women; and (g) to develop urban basic services projects at Quito and Guayaquil and rural development projects in areas in the sierra and in the province of Esmeraldas.

Strategy

34. The main strategic elements of the new country programme are: (a) to encourage massive interventions that emphasize the application of low-cost effective social technologies; (b) to promote community participation in public and private institutions; (c) to impart knowledge using enhanced social communication techniques; (d) to encourage social involvement and generate social mobilization processes in favour of women and children; and (e) to fortify the State's administrative capacity to carry out its social policy, facilitating the convergence and decentralization of services and community participation in the management of these services.

35. The new country programme will co-ordinate actions in the family, barrio or community and region to provide minimal conditions of health, protection and affection for children and women. It will also co-ordinate actions to encourage collective solutions and focus on the physical and cultural differences between the sierra and the coast. At the country level, the new programme will attempt to influence the social processes underlying the living conditions of children and women. In the Andean subregion, the programme will support joint actions with other Andean countries to exchange experiences and to seek joint financing for social programmes. The actions of various agents working to meet basic needs will be combined - actions of the mother, other family members, promoters and volunteers, community members, civic leaders, church representatives, trade unions and other organizations and public servants.

36. Communication activities will be a part of each project to promote the political and scientific discussion of the problems and rights of children and women. An educational process will be encouraged to learn from community experiences through conventional and non-conventional mass media, as well as through direct interaction techniques with individuals.

37. The programme will target three population groups: children (0-6 years old); youths (7-18 years old); and women. In the youngest group, child survival programmes will reach 1.5 million children, and the child-care and development programmes will directly reach 400,000 children. Among youths, 38,000 working and street children will be reached through programmes in 18 cities and the basic education programme will directly benefit 12,000 in 300 rural centres. The programme for the development of women will benefit 50,000 women directly and 1 million women indirectly.

38. The country programme for the period 1990-1993 comprises two categories of intervention: national programmes and programmes in critical poverty zones.

National programmes

39. The following programmes with national coverage will be supported: child health, nutrition and development; basic education; the care of children in especially difficult circumstances; the promotion of women; and policies favouring children and women.

Child health, nutrition and development

40. This programme is aimed at children from birth to six years of age to reduce infant, child and maternal mortality rates, preventable diseases and child malnutrition and to improve care and stimuli for child development.

41. Health. UNICEF will support the family health strategy which proposes a demarcation of areas and micro-areas of care in cities and rural areas. Priority will be given to immunization, ORT, ARI control, pregnancy monitoring, child growth control, delivery and puerperium control and the promotion of breast-feeding and birth spacing. UNICEF co-operation will focus on training different levels of health personnel and equipping 73 health centres in poverty zones. Support will be provided to vaccinate 330,000 children under one year of age and 1.5 million women of child-bearing age. Some 200 community oral rehydration units and 50 hospital oral rehydration units will be installed, and 600,000 packets of ORS will be distributed each year by the Ministry of Health. The dissemination of information to families and communities concerning family health, the epidemiologic surveillance system and maternal and child care programmes will be promoted. Special emphasis will be given to the involvement of the Catholic Church, union centres and other organizations as part of social mobilization to benefit child health. This programme will be implemented in co-ordination with PAHO/WHO, UNFPA, USAID and Rotary International.

42. Nutrition. The national programme will support the design and implementation of the nutrition surveillance system, which will serve as the foundation for political decisions to reduce malnutrition. It will be implemented through national, sectoral and community surveillance modules, supplementary feeding programmes for 200,000 pregnant or breast-feeding women and a nutrition education system. The latter will be conducted through the design of educational materials for students and schools, and other materials to be disseminated throughout the community. Specific nutrients (iodine, ferrous fumarate and vitamin A) will be supplied. Collective solutions for food availability will be promoted, such as setting up seven community kitchens per year. Technical assistance will be provided to the inter-institutional committee on nutrition to finalize the national food and nutrition plan. Nutrition surveillance training will be provided to the National Development Council and sectoral ministries to strengthen the analysis, dissemination and use of information by high-level technicians and decision makers, in co-operation with the Food and Agriculture Organization of the United Nations (FAO), PAHO/WHO and the inter-agency food and nutrition surveillance programme. Logistical, administrative and evaluative aspects of supplementary feeding programmes will be supported in co-ordination with child-care programmes for children from birth to six years old, pregnancy monitoring and delivery and

puerperium programmes. Activities will be carried out in co-ordination with PAHO/WHO, WFP and Catholic Relief Services.

43. Development. UNICEF will support the child development programme carried out by the National Child and Family Institute, the community network for children promoted by the Ministry of Social Welfare, the non-conventional pre-school modalities fostered by the Ministry of Education and the early stimulation programmes carried out through the health services network. The goal is to care directly for 400,000 children through the different modalities. Including those attended to by the Ministry of Health, 1 million children will receive care. Technical assistance will be provided to train 200,000 women community promoters and 150 technicians. The dissemination of information to 300,000 families in poor sectors, as well as the equipping of community and family centres that care for children, the production of educational and training materials and the implementation of an information, supervision and evaluation system, will be continued.

Basic education

44. This programme aims to encourage the development of flexible methodologies in rural areas to be adapted to the reality of the poor campesino, while drawing on the "new school" experience tested in Colombia. Some 300 educational centres will be set up to care for 12,000 children. Technical assistance will be provided to initiate this experience, ready the educational centres and train 2,000 teachers, 60 supervisors and 2 technicians. Resources will be provided for the production of primary education curricula, school texts with new contents and the evaluation and dissemination of the experience. The execution of this project will be co-ordinated with the United Nations Educational, Scientific and Cultural Organization (UNESCO), and experiences will be exchanged with the "new school" programme of Colombia.

Children in especially difficult circumstances

45. This programme will attempt to prevent the abuse of working children and street children, to improve the treatment of institutionalized children, to disseminate the rights of the child and to apply the respective Convention. During the period of co-operation, the programme will provide support services to 30,000 working children in 18 cities. An assessment of the situation and living conditions of street children and working children has yet to be finalized. A module on working children will be included in the national household survey. Support will be provided to 47 projects caring for the health, nutrition, education and work training of these children. Twelve national training events and one international meeting will be held for this purpose. In addition, 8 television campaigns, 12 radio campaigns and 48 campaigns for the print media will be designed, which will facilitate the dissemination of information about the problems of children in especially difficult circumstances and sensitize society and State entities.

46. Regarding abuse prevention, four community projects for the defence of children's rights will be implemented in separate cities, and an educational

campaign will be undertaken to illustrate the dimensions of the problem and influence behaviour and attitudes in the home, community, media and society in general. With respect to the openness and humanization of institutions to benefit children with behavioural problems, work will be carried out in 14 institutions managed by the Ministry of Social Welfare that care for 8,000 children in order to understand better their nutritional status, incorporate work methodologies to change the form of treatment and to incorporate their families into the solutions. A plan to promote the Convention on the Rights of the Child will be carried out through the media; 10 citizens' committees will be formed to promote the Convention in a similar number of cities and families, NGOs, schools and communities will be sensitized to the topic.

Promotion of women

47. All UNICEF co-operation projects will include gender consideration in their activities and will avoid situations of discrimination. Support will be provided to implement the following activities.

48. Training and communication methodologies. These will be developed for rural women as part of the national rural development plan that the Ministry of Welfare will be carrying out with World Bank funding. The goal is to reach 90 communities in 18 rural cantons in the sierra and on the coast. All of the communities are ranked in the lower three levels of the four-level scale of absolute poverty. Some 8,500 women will be reached directly, and 42,500 will be reached indirectly, mostly in ways that will help them to obtain credit.

49. Ministry of Labour training programme. This programme is aimed at marginal urban women at Quito, Guayaquil and Esmeraldas. About 5,000 women will be trained in accounting, marketing, commercialization and education for life, and 32 modules will be produced on health, development and nutrition.

50. Establishment of a women's support system. Located within the National Women's Office of the Ministry of Welfare, the women's support system will monitor the situation of women, train 200 government officials and produce educational material, all in co-ordination with the Ecuadorian Women's Council, the provincial councils and NGOs.

51. Promote new roles for women. The goals are to enhance the participation of women in social development and to review the discrimination that still exists in scholastic texts. Special attention will be given to the content of literacy and post-literacy programmes aimed at 100,000 women, to be carried out with the participation of 50,000 high school students, and to the production of 500,000 pamphlets.

Social policies

52. At the central level, the new programme of co-operation will support the implementation and adjustment of the social policy of the 1989-1992 economic and social development plan in the following aspects: (a) adjustments to the general social policy and formulation of annual action plans and sectoral plans to ensure

that economic measures and social projects are coherent and co-ordinated, as well as to evaluate their impact on the situation of children and women; (b) support to the inter-institutional co-ordination mechanisms, the social front, the committee on nutrition and the association of NGOs in order to improve the financial and budgetary mechanisms of social projects; (c) qualify human resources to formulate, evaluate and manage social projects; and (d) follow up the situation of children through household surveys, the food and nutrition surveillance system and the epidemiologic surveillance system. This project will be carried out in co-ordination with the United Nations Development Programme (UNDP), the Economic Commission for Latin America and the Caribbean (ECLAC) and UNESCO. It will maintain close ties with the activities financed by the Special Adjustment Facility for Latin America and the Caribbean (SAFLAC). These resources will influence economic adjustment policies to give priority consideration to compensatory programmes benefiting women and children.

Programmes in critical poverty zones

53. UNICEF will co-operate with integrated basic services programmes in areas with a high concentration of people living in critical poverty - the peripheral urban areas of Quito and Guayaquil, rural areas of the sierra and one coastal province, Esmeraldas. The rural basic services programmes in the sierra and in the province of Esmeraldas form part of the subregional Andean project and, therefore, will not be dealt with in the present document. However, in the case of the Quito and Guayaquil programmes, some rural basic services programmes will be included in order to fulfil national-level activities that receive UNICEF co-operation. Complementary activities will be carried out in health, nutrition, food availability at the household level, child development, water supply, environmental improvement, basic education, recreation for youth and the promotion of women.

Quito basic services programme

54. Basic services will be implemented in 20 barrios in the south-west and north-west parts of the city. These new services, added to the existing services in the barrios of Lucha de los Pobres and La Bota will benefit about 20,000 families, or approximately 80,000 people. The municipality of Quito will co-ordinate actions with other public and private institutions participating in the project. Some 33 family health modules will be established, and the regular vaccination system will be reinforced. In addition, 60 oral rehydration units will be set up in peripheral health centres and subcentres and in 170 local units provided by the community. The use of the growth card will be promoted for 15,000 children. Delivery care will be provided to 3,000 mothers each year, who will receive health and breast-feeding education. Some 17 community pharmacies will be established. Water supply activities will be extended by increasing the existing network, building storage tanks and organizing water delivery trucks. About 23 community gardens will be created and a fund will be established for family garden seeds. Four community kitchens will be arranged each year, and the formation of co-operatives to market foodstuffs will be encouraged. Actions will be co-ordinated with emergency employment programmes to plant trees along the streets and to improve sporting and recreation areas for young people and women. Literacy and post-literacy activities will be carried out to teach women to deal

with their basic needs and those of their families and to conserve the environment. Work training courses will be given preferentially to young people and female heads of households. In co-ordination with national programmes, some 15,000 children from birth to six years of age will gradually be cared for in day-care units directly managed by mothers from the community, and indirectly through the training of the mothers.

Guayaquil basic services programme

55. The coverage of basic services in the western area of Guayaquil will be increased. In addition to the project under way in the Francisco Jacome co-operative, this increase will provide care for 15,000 families, or approximately 60,000 people. The health office of Guayas will co-ordinate institutional actions from the private and public sectors. Forty family health modules will be established; 15 oral rehydration units will be implemented in health establishments and 100 in locales provided by the communities; and pregnancy, delivery and puerperium care will be provided to 2,500 mothers to reinforce pre-natal care and breast-feeding.

56. Educational campaigns will be carried out to ensure safe water, proper waste disposal and adequate garbage disposal. These campaigns will reinforce the existing services network. Approximately 750 family gardens will be established, in addition to a co-operative system to market the products. Educational activities will be undertaken jointly with the garden project to improve nutrition. In co-ordination with the Ministry of Agriculture, a tree planting campaign will be launched to implement and improve sporting and recreational areas. Literacy and post-literacy actions will be fostered to improve women's education to benefit the family, the environment, the community and the women themselves. Activities will be co-ordinated with national programmes to progressively care for 15,000 children from birth to six years of age through day-care units directly managed by community women.

Follow-up and evaluation

57. A follow-up and evaluation system will be established by the National Development Council to monitor impact, processes and the anticipated results of activities. Using household surveys and institution data, baselines will be drawn up to measure variations in the rates of mortality, morbidity, malnutrition, drop-outs and repeaters as a way to measure the impact of national projects aimed at defining social policy. The quality of the processes set in motion will be evaluated, as well as the degree to which the convergence of services, institutional co-ordination, community participation and social mobilization are implemented. With respect to defining social policies, the improvement of the quality of planning and programming to benefit children and women will be assessed, in addition to the budgeting of said programming and the scope of coverage achieved with state services. Social communication activities will be evaluated in terms of the capacity of transmitting knowledge and generating processes of collective reflection. Regular reports on the progress of projects and activities and partial evaluations will be instituted to monitor the processes and progress.

ECUADOR

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	87	(1988)	Middle U5MR
Infant mortality rate	62	(1988)	Middle IMR
GNP per capita	$1,040	(1987)	Lower-middle GNP
Total population	10 million	(1988)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1988
Births	(thousands)	260	306	339	359
Infant deaths (under 1)	(thousands)	26	23	22	22
Under-five deaths	(thousands)	37	33	32	31
Under-five mortality rate (per 1,000 live births)		142	107	93	87
Infant mortality rate (under 1) (per 1,000 live births)		101	76	66	62

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1987)	Moderate & severe	..	10
	Severe	..	(.)
Babies with low birth weight (%, 1988)		..	11*
Children completing primary level (% of first grade, 1980/1988)		50*	55*

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1979)		86/74/48	../../..
Prevalence of wasting (%, 1987)		..	4
Prevalence of stunting (%, 1987)		..	39
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		90	89
Food production per capita index (Index 1979-1981=100, 1980/1988)		101	92
Household expenditure (% of total income, 1980-1985)	All food/cereals		31/..

HEALTH INDICATORS		About 1980	Most recent
ORS use rate (%, 1986-1987)			24
Access to health services	Total	18*	75*
(% of population, 1980/1988)	Urban/rural	../..	92*/40*
Access to safe water	Total	45	58
(% of population, 1980/1986)	Urban/rural	82/16	81 /31
Access to adequate sanitation	Total	47	67
(% of population, 1980/1986)	Urban/rural	73/17	98 /29
Births attended by trained personnel (%, 1988)			56*
Maternal mortality rate (per 100,000 live births, 1978/1988)		220	170*

Immunization		1981	1985	1987	1988
One-year-olds (%) immunized against:	Tuberculosis	82	99	85	86
	DPT	26	41	51	54
	Polio	19	39	51	57
	Measles	31	54	46	52
Pregnant women (%) immunized against	Tetanus	4	..	5	5

ECUADOR

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	87	(1988)	Middle U5MR
Infant mortality rate	62	(1988)	Middle IMR
GNP per capita	$1,040	(1987)	Lower-middle GNP

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	113/..	117/..
(%, 1980/1987)	Male	115/..	118/..
	Female	112/..	116/..
Secondary enrolment ratio (gross/net)	Total	51/..	56/..
(%, 1980/1987)	Male	51/..	55/..
	Female	51/..	57/..
Adult literacy rate, 15 years & older	Total	72	87*
(%, 1970/1988)	Male/female	75/68	88*/86*
Radio/television sets			
(per 1,000 population, 1980/1987)		289/62	292/81

DEMOGRAPHIC INDICATORS		1970	1980	1985	1988	2000**
Total population	(millions)	6.1	8.1	9.4	10.2	13.9
Population aged 0-15 years	(millions)	..	3.7	4.1	4.4	5.6
Population aged 0-4 years	(millions)	..	1.3	1.5	1.6	1.9
Urban population (% of total)		40	47	52	55	65
Life expectancy at birth (years)	Total	58	63	65	66	68
	Male/female	57/59	61/65	63/67	64/68	66/71
Total fertility rate		6.4	5.2	4.8	4.6	3.9
Crude birth rate (per 1,000 population)		43	38	36	35	30
Crude death rate (per 1,000 population)		12	9	8	8	6

		About 1980	Most recent
Contraceptive prevalence rate		40	44
(%, 1982/1987)			
Population annual growth rate	Total	3.1	2.8
(%, 1965-1980/1980-1988)	Urban	5.1	4.8

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		5.4	-2.0
(%, 1965-1980/1980-1987)			
Inflation rate (%, 1965-1980/1980-1987)		11	30
Population in absolute poverty	Urban/rural	40/65	57*/75*
(%, 1982/1987)			
Household income share	Top 20%/bottom 40%	../..	.. /..
(%)			
Government expenditure	Health/education	8/35	7/25
(% of total expenditure, 1980/1986)	Defence	13	12
Household expenditure	Health/education		5/ 5
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	46	203
(1980/1987)	As % of GNP	1	2
Debt service			
(% of goods & services exports, 1980/1987)		19	21

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 1. BREAKDOWN OF ACTUAL EXPENDITURE FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING UNDER PREVIOUS CO-OPERATION PERIOD, 1986-1989

(Thousands of United States dollars)

COUNTRY: ECUADOR
LATEST BOARD APPROVAL: 1986
GENERAL RESOURCES: $1,754,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Health	213	97	56	6	2	84	383	102	655	289	943
Water supply and sanitation		1				33	32	125	32	159	192
Nutrition	39	1		2			31	33	70	36	106
Education	13		26	5	1		242	12	282	16	299
Community organization and development	37	15	13				174	53	225	68	293
Women-centred programme	2		40				132	19	175	19	194
Emergency			5				13	14	18	14	32
Planning and project support	97	11	31	4	2	4	215	39	345	58	403
Freight	45	22							45	22	67
GRAND TOTAL	447	147	172	17	5	121	1222	397	1846	682	2528

GR = General resources.
SF = Supplementary funding.

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING

(Thousands of United States dollars)

Country: ECUADOR Period covered: 1990-1993	Funding status	1990	1991	1992	1993	Total
Health						
Immunization	GR	250	10	10	10	280
	FSF	52				52
	NSF	15	50	50	50	165
Control of diarrhoeal diseases	GR	10	10	30	20	70
	FSF	48				48
	NSF	10	30	30	30	100
Other health	GR	69	79	60	70	278
	FSF	126				126
	NSF	225	270	320	320	1135
Subtotal, Health	GR	329	99	100	100	628
	FSF	226				226
	NSF	250	350	400	400	1400
Water supply and sanitation	GR	42	42			84
	FSF	60				60
	NSF	150	150	150	150	600
Nutrition	GR	50	80	100	100	330
	FSF	103				103
	NSF	200	200	200	200	800
Household food security	FSF	30				30
	NSF	100	100	150	150	500
Education	GR	5	5	70	70	150
	FSF	132				132
	NSF			150	150	300
Young child development	GR	64 a/	104	80	80	328
	FSF	22				22
	NSF	300	400	400	400	1500
Women-centred programme	GR	105	105	40	40	290
	FSF	6				6
	NSF	200	200	350	350	1100
Community organization and development	GR	10	10			20
	FSF	5				5

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING (continued)

(Thousands of United States dollars)

Country: ECUADOR Period covered: 1990-1993	Funding status	1990	1991	1992	1993	Total
Children in especially difficult circumstances	GR			30	30	60
	NSF	300	300	300	300	1200
Advocacy	GR	40	40	40	40	160
Planning and project support	GR	105	15	40	40	200
	FSF	185				185
TOTAL	GR	750	500	500	500	2250
	FSF	769				769
	NSF	1500	1700	2100	2100	7400
GRAND TOTAL		3019	2200	2600	2600	10419

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

a/ In addition, $100,000 was allocated from SAFLAC for young child development for 1990.

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: ECUADOR	Number of posts	1990-1991 amount (Thousands of US dollars)
FINANCED FROM 1990-1991 APPROVED BUDGET:		
International Professional established posts	1	172
Local national Professional and General Service established posts	5	125
Operating costs		145
Total	6	442
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources		
Supplementary funds	1	159
Local national Professional and General Service project posts		
General resources	5	150
Supplementary funds	7	200
Total	13	509

a/ For information source, see 1990 post authorization table, revised October 1989.